

**Clackamas Family YMCA**  
**2010 Spring Basketball League**  
For Boys Grades 5th-12th  
Girls Grades 7th-11th



Clackamas Family YMCA 10121 SE Sunnyside Rd suite # 300 Clackamas OR, 97015 503 654-8372

**Player Info:**

Mother's Name \_\_\_\_\_ Work./Cel Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Work./Cel Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Child's Name \_\_\_\_\_ Height \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Email: \_\_\_\_\_  
T-Shirt Size: (circle one) YM YL - AS AM AL AXL AXXL School Attending \_\_\_\_\_

**Experience:**

(circle one) Competitive or Rec Yrs Played: \_\_\_\_\_ Organization(s) \_\_\_\_\_

**Volunteer:**

I volunteer as: (circle one) Coach Asst. Coach Team Parent Coach if no one else is available  
(All Coaches must go online and complete an official Coach Registration Form)

**Requests:**

Coach Request \_\_\_\_\_ Phone (If known) \_\_\_\_\_  
Teammate Request \_\_\_\_\_

**Payment:**

I have enclosed a (circle one) Check/Cash for: \$85 (5-6) \$90 (7-12) \$95 (late reg)  
To pay by credit card: Visa / M/C # \_\_\_\_\_ Exp. \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Waiver:**

Child's Name: \_\_\_\_\_ has my permission to participate in the YMCA basketball program, and to participate in photo graphs taken for publicity purposes. I acknowledge that this activity may be hazardous, and I release the YMCA of Columbia-Willamette from any liability to persons or damage to property. In an emergency, the YMCA has my permission to call an ambulance or take my child to any available physician, a ny expense. **Requests for refunds must be received by first game, and take approximately 3-4 weeks to process.**  
Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Send payment and registration to: Clackamas Family YMCA 10121 SE Sunnyside Rd Clackamas OR 97015 503 654-8372

visit: [www.ymca-clackamas.org](http://www.ymca-clackamas.org)